

Postgraduate Internship Program
U.S. Army Center for Health Promotion and
Preventive Medicine
Administered by the Oak Ridge Institute for Science and Education

APPLICATION

Instructions to applicant

1. Submit completed application form and attach the following
 - a. Resume (include list of any papers, presentations, or publications)
 - b. Two copies of reprints or abstracts, if available
 - c. Signed Release of Information form
2. Submit three references from persons familiar with your educational and professional qualifications (include your thesis or dissertation adviser, if applicable)
3. Have official university transcripts (all schools attended) sent to the Oak Ridge, Tennessee, address below
4. The complete application and supporting materials will be reproduced for submission to USACHPPM for review
5. Incomplete applications may not be considered
6. Additional information may be required if an appointment is offered
7. Applications are accepted throughout the year

INFORMATION

**Return the completed application and address
any correspondence to:**

Postgraduate Internship Program/USACHPPM
Education and Training Division
Oak Ridge Institute for Science and Education
P.O. Box 117
Oak Ridge, Tennessee 37831-0117
(423) 576-8503

**For additional information about opportunities at
USACHPPM, please contact:**

Ms. Diane Lewis
Oak Ridge Institute for Science and Education
P.O. Box 53
Aberdeen Proving Ground, Maryland 21010-0053
(410) 671-1596

Application

Please type or print clearly and return the completed original application form and all supporting materials to the Oak Ridge Institute for Science and Education (address on next page).

Highest degree _____	Facility Center for Health Promotion and Preventive Medicine
Date received/expected _____	Desired starting date _____
Degree discipline _____	

1. Name _____ (last, first middle) Social Security Number _____
2. Current mailing address _____ Phone () _____

3. Permanent mailing address _____ Phone () _____

4. Have you ever been investigated for a Security Clearance? Yes ☐ No ☐
5. U.S. citizen? Yes ☐ No ☐ Guidelines stipulate that only U.S. citizens will be eligible for this program.
6. Academic history (begin with current or most recent; list all colleges and universities attended)

Institution/campus	Dates From To	Degree	Date awarded or expected	Major	Grade Point Average*

*[GPA basis: A=4, B=3, C=2, D=1. Attach explanation if your transcript uses different basis.]

7. List three persons familiar with your educational and professional qualifications who have been asked to submit reference forms directly to ORISE (include your thesis or dissertation adviser, if applicable)

Name	Position	Address

Name _____

8. List any members of staff at USACHPPM whom you have contacted.

Name	Division

9. Academic honors

Award	Institution/Campus	Inclusive dates

10. Relevant employment record; begin with current (include part-, full-time, military, and summer)

From	To	Employer	Type of work

11. List computer languages with which you are familiar and your level of proficiency (very good/good/fair)

1. _____ 2. _____ 3. _____

12. Describe relevant educational courses and research or work experiences.

13. Describe the educational and professional goals you expect to achieve as a result of participating in this program; include your future career plans.

14. How did you find out about this program?

The complete application and supporting materials will be reviewed by ORISE and reproduced for submission to the staff of USACHPPM for review and selection.

SIGNATURE _____ DATE _____

RETURN TO POSTGRADUATE INTERNSHIP PROGRAM/USACHPPM, EDUCATION AND TRAINING DIVISION, OAK RIDGE INSTITUTE FOR SCIENCE
AND EDUCATION, P.O. BOX 117, OAK RIDGE, TENNESSEE 37831-0117

...MM\FORMS\APPLICAT\ARMY\APPL (08/94)

Confidential Reference Form

Please type or print clearly and return the original form to Oak Ridge Institute for Science and Education (address below). A letter may be substituted, if more convenient.

APPLICANT _____
(last, first, middle)

How long and in what association have you known the applicant? _____

In a group of 100 other science and engineering students of comparable experience, how would you rate the applicant with respect to the following personal characteristics:

Motivation toward a successful productive career
Growth during total period observed
Fertility of imagination; originality of thought
Emotional stability and maturity
Ability to work with others
Self-reliance and independence

Below Average	Average	Above Average	Out- Standing	Superior
Lowest 40	Middle 25	Next 20	Highest 15	

Inadequate
Opportunity
To Observe

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In a group of 100 other science and engineering students of comparable experience, how would you rate the applicant with respect to the following scientific capabilities:

Mastery of fundamental knowledge in field
Skill and originality in design of research projects
Laboratory skill and technique
Ability to communicate information (written-oral)

Below Average	Average	Above Average	Out- Standing	Superior
Lowest 40	Middle 25	Next 20	Highest 15	

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In the space below, add any descriptive comments which will assist in providing a complete picture of the applicant's character, attitude, and ability/potential for an appointment. Please comment on weaknesses as well as strong points (use additional sheets if necessary).

Signature _____ Date _____

Typed or printed name _____ Title _____

Address _____

**Return to: POSTGRADUATE INTERNSHIP PROGRAM/USACHPPM, EDUCATION AND TRAINING DIVISION, OAK RIDGE
INSTITUTE FOR SCIENCE AND EDUCATION, P.O. BOX 117, OAK RIDGE, TENNESSEE 37831-0117**

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U.S. ARMY CENTER FOR HEALTH PROMOTION AND PREVENTIVE MEDICINE

AUTHORIZATION FOR RELEASE OF INFORMATION

The internship appointment process at the U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM) is administered by Oak Ridge Institute for Science and Education (ORISE) for Oak Ridge Associated Universities (ORAU) and includes, but is not limited to, the following: completion of USACHPPM application, interviews, reference checks, medical screening, employment and education verification, and as appropriate, a security background check will be initiated and completed as a condition of appointment. Although ORAU administers the program, it in no way conducts the security background checks. The background check is conducted by an appropriate investigative agency. Signing this authorization will facilitate your consideration for possible appointment.

I _____ hereby authorize any person, agency, organization, or institution to release to USACHPPM and/or its representative on a confidential basis information USACHPPM may request about me, regardless of any agreement I may have made with you previously to the contrary. This information may include, but is not limited to academics, performance evaluation, employment history, attendance, character, credit history, and police records. I hereby release any person, agency, organization or institution, including USACHPPM and ORAU, from any and all liability whatsoever resulting from this inquiry. Any information received as a result of the investigation is protected by the Privacy Act of Section 6311 of Title 5 to the U.S. Code. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature.

A photocopy of this authorization that shows my signature shall be deemed an original and shall be accepted as such.

Date

Signature

Social Security Number

Other Name Used